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ABSTRACT

Fifty-seven former vocational rehabilitation clients were interviewed regarding their employability skill training and job placement needs. The sample, which was balanced in terms of sex, type of disability, and area of residence (rural versus urban), was biased in favor of individuals having greater employability deficits (persons served by sheltered workshops or a comprehensive rehabilitation center). Approximately half of the sample was employed in competitive work, with about one-fifth of the sample having been unemployed since their exit from a vocational rehabilitation program. Seventy-two percent were helped by rehabilitation services at least to some degree; of those reporting dissatisfaction with the rehabilitation services they received, 79 percent cited inadequate vocational training as their primary complaint. One-fifth of the sample indicated problems in working with supervisors and coworkers, meeting the demands of their jobs, and knowing how to get raises or promotions. One-third of those interviewed reported problems in learning about better jobs or promotions. From these results came recommendations for continued emphasis on such placement services as job-seeking skills training, career development programs, job clubs, postemployment counseling, job development services, and direct interventions with employers. (The study interview form is appended). (MN)

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Arkansas Rehabilitation Research and Training Center

ED260272

Vocational Rehabilitation of Individuals with Employability Skill Deficits

Problems and Recommendations

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Vocational Rehabilitation of Individuals with Employability Skill Deficits: Problems and Recommendations

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Arkansas Rehabilitation Services

University of Arkansas, Fayetteville

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Abstract of Study Findings

In this investigation 57 former rehabilitation clients were interviewed regarding employability skill training and placement service needs. Balanced in terms of rural/urban, sex, and disability types, the sample was biased in favor of individuals having greater employability deficits, i.e., those served by sheltered workshops or a comprehensive rehabilitation center in Arkansas. Of those working at the time of the interview, most held entry level, secondary labor market positions. This characterization also applies to their vocational objectives, training areas, and occupations at closure. For the majority, the type of vocational training received was related to the type of occupation they held at closure or at different times after closure.

Approximately half of the sample was employed in competitive work. Only one-fifth of the sample had been unemployed the entire time from closure to follow-up. The participants reported that they enjoyed their work and, in most cases, that they left their jobs only because they had been laid off by their employers. Approximately one-third of the sample reported problems in learning about better jobs or promotions. One-fifth of the sample indicated problems in working with supervisors and co-workers, meeting the demands of their jobs, and knowing what to do to get raises or promotions. Most of the respondents (72%) indicated that they were helped to some extent by rehabilitation services; of those individuals reporting some dissatisfaction with services, fully four-fifths (79%) cited inadequate vocational training as their primary complaint.

Those unemployed at follow-up indicated that they were looking for work, an activity particularly characteristic of those reporting greater family support and more time visiting friends. Scarce job opportunities and serious medical problems were listed as major barriers to employment by the nonworking subsample. Although expecting to work full time in the future, most of the participants believed that employers had negative attitudes and intentions toward hiring people with disabilities. At the same time, employers rated the employment satisfactoriness of participants in the sample as comparable to that of the average worker. The areas in which former clients were rated lower by employers included potential for being "transferred to a higher level job" or "promoted to a more responsible job."

Correlational analyses indicated that perceived state of physical or mental health was not strongly related to many of the study variables. Participants did, however, stress the importance of support from family and friends in the job search process. Implications of the findings suggest the need for continued emphasis on the placement services of job development, job seeking skills training, direct interventions with employers, career development, job clubs, and post-employment counseling.

Preface and Acknowledgements

The purpose of this monograph is to report the results of intensive vocationally-oriented interviews with 57 former rehabilitation clients. Interviewed in their homes for approximately one hour, study participants represented a group of individuals with severe employability deficits. This characterization of the sample is made since a larger proportion of the group interviewed had received services from sheltered workshops or a comprehensive center than would occur in a random sample of former clients.

Individuals with employability skill deficits were specifically selected in order to identify problems impeding their vocational success. Consistent with the RT Center's mission to develop strategies to enhance vocational potential, the authors reviewed the findings and problems as a basis for a series of recommendations regarding needed job seeking, employability, and career development services. The reader may wish to begin with the last section of this report, which lists the conclusions and recommendations, to obtain an overall understanding of the implications of the research.

We wish to thank a number of people who contributed to this project. Without the efforts of the two interviewers, Bob Beck and Jim Harper, the study would have never reached the level of detailed findings desired by the authors. Roxanne Wheelis and Lucy Rogers provided valuable help in coding and preparing data for computer analysis. Staff members of the RT Center, Winnie Shaffer, Anita Owen, and Debbie Sullivan, should be complimented on the typing and layout of the monograph. Contributions of other RT faculty to the literature review are also gratefully acknowledged. Finally, we thank Arkansas Rehabilitation Services and, particularly, Mr. Vince Bond, for permission to conduct the study.

Richard Roessler
Brian Bolton

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Vocational Rehabilitation of Individuals with Employability Skill Deficits: Problems and Recommendations

To identify placement service needs in rehabilitation, this monograph examines the problems and concerns of rehabilitation clients with deficits in employability skills. In addition to employability deficits, the paper also presents client perceptions of the level and quality of rehabilitation services and environmental support. The monograph concludes with a presentation of the major findings and service implications of the research.

In a recent article (Roessler & Bolton, 1983), we addressed the distinction between employability and employment. Employment represents the outcome or final goal of rehabilitation services. The probability of achieving that outcome is largely a function of variables such as job opportunities; the work-related aptitudes, skills, values, and attitudes of the person; the quality of rehabilitation services; and the level of support from significant others.

Employability refers to the personal attributes or functional vocational capabilities (FVC's) that the individual possesses. Related to performance in the work place, these FVC's can be enhanced through the efforts of rehabilitation services and the support of family, friends, and employers in the individual's environment.

The problem of unemployment or underemployment

DeLoach and Greer (1979) identified vocational placement as the chief rehabilitation goal for the 1980's. They concluded that this goal will be increasingly difficult to achieve in an era of limited resources and economic recession.

Historically, persons with disabilities have suffered in the employment arena. In a review of census data (current population survey, 1981), Bowe (1983) reported that 65.5% of disabled working-age males and 80.6% of disabled working-age females were not in the labor force. The "typical" working-age disabled person had about $5,000 in income from all sources in 1980 (Bowe, 1983). Other investigators (Levitan & Taggart, 1977; Tausig, 1972; Wolkowitz, 1975) have noted the high incidence of work interruptions among disabled persons, their concentration in the secondary labor market with less job security and less full-time employment, and disproportionately low wages compared to non-disabled workers.

In the fiscal year of 1978, the VR system closed 448,000 active cases; 65% of those were closed rehabilitated. However, the fact that the remaining 35% (160,000 persons)

were closed not rehabilitated indicates that many handicapped persons continue to experience barriers to employment such as employment-related skill deficiencies or lack of environmental support.

The effort that rehabilitation services invests in placement services must be increased based not only on the previous observations but also on expectations for the future. Research indicates that employment-related service needs of many clients are growing (DeLoach & Greer, 1979). In a survey of people receiving placement services from public rehabilitation programs, Vandergoot and Swirsky (1980) found that the clientele had "...characteristics typical of a group that would have marginal labor market potential. A great majority of them had a high school education or less, had few skills, had low income levels, were not self-supporting, and had relatively meager work histories" (p. 153).

Matkin (1980) underscored the difficulties rehabilitation counselors can expect in placement as the effects of recent rehabilitation legislation are felt. According to Matkin, the cost-benefit ratios of rehabilitation will decrease as counselors increase the number of clients on their caseloads with significant employability deficits. Improved employment outcomes, therefore, require attention to a number of factors.

Factors affecting employment success

Employment success is a result of multiple factors including employability skills of the individual; elements of the work environment, i.e., opportunities offered, employer attitudes, economic conditions, technological changes, and aspects of the work task itself; and features of the person's social support system, e.g., family and peer encouragement of work (Peterson & Jones, 1964; Smith, 1979; Roessler & Bolton, 1983). Hence, comprehensive employment services must address both individual and environmental factors. They must improve the individual's capabilities to seek and secure work and to respond competently on the job. At the same time, these services must develop a more receptive and supportive environment for the person. Attitudes of employers are critical as are efforts on the part of families and friends to support the person in work-related matters.

Client factors. Remediation of individual employment-related skills must begin with the building blocks of employability, i.e., the aspects of the work personality. Considerable evidence supports the importance of attributes of general employability or functional vocational capabilities (FVC's) to vocational success (Roessler & Bolton, 1983). These FVC's have been defined as the skills, attributes, attitudes, values, and beliefs needed for employment in the competitive labor market. Many rehabilitation clients have

critical deficiencies in these functional vocational capabilities. For example, Dunn (1981) estimated that a significant proportion (1/3 to 1/2) of rehabilitation clients referred for job placement are not ready. They lack the knowledge, skills, abilities, and behaviors (FVC's) needed to meet occupational requirements (Dunn, 1981; Moen, Bogen, & Aanes, 1975). Moreover, in many cases, when clients do obtain work, they tend to lose their jobs due to these psychosocial related deficiencies. As Browning and Irvin (1981) reported, failures in work for many rehabilitation clients result from their inability to respond appropriately to unpredictable events occurring on the job that are not directly related to their production.

Lewinsohn and Graf (1973) reported that social immaturity and general inadequacy are common descriptors of a significant proportion of the rehabilitation client population. Their research indicated that this lack of coping skills applied to a large segment of vocational rehabilitation clients and even more so to a subsample of individuals with central nervous system dysfunctions. In addition, they found that successful vocational rehabilitation cases had fewer problems in adjustment than did unsuccessful cases. In their research, problems predictive of poor outcomes in vocational rehabilitation fell into such categories as social and emotional immaturity, general inadequacy, and lack of goal realism.

In short, a significant number of rehabilitation clients lack the employability skills needed to succeed in the work place. Since their behavior does not meet certain environmental criteria, i.e., work setting requirements of a vocational adjustment nature, these individuals are viewed as having poor vocational potential (Rusch & Mithaug, 1980; Scofield, McCracken, & Maki, 1980). Hence, vocational preparation services need to help individuals overcome critical skill deficiencies pertinent to their vocational adjustment. These employability skills may be grouped into two major categories: those which enable the individual to be an "adequate" worker and those pertinent to obtaining work.

Several examples of the skills related to being a competent worker have been cited in the literature. Rusch and Mithaug (1980) listed the most basic ones, and Crites (1982) addressed those required by the social and personal demands of work. As a foundation for a series of programmatic research studies, Roessler and Bolton (1983) compiled a detailed list of these skills based on a review of employability assessment and research literature. Some essential skills of the "adequate" worker would include interacting appropriately with co-workers during breaks; working cooperatively with fellow workers; controlling one's behavior in the work setting; dealing with correction and criticism from a supervisor; maintaining a proper role relationship with the supervisor;

requesting job-related help from the supervisor; maintaining appropriate work habits; scheduling, monitoring, and evaluating one's job performance; adhering to basic work setting rules; and constructively expressing anger or disapproval related to job situations.

Employability skills have been viewed from other perspectives. For example, in a recent survey (Wiant, 1977, p. 3), employers identified the following skills as "useful or necessary in an almost limitless array of life and work situations": communicating, planning/layout, organizing, managing others, decision-making, and positive work attitudes. Based on research conducted in management assessment centers, Finkle (1976) cited a long list of critical administrative skills: organization and planning skills, decision-making skills, human relations skills, behavioral flexibility, tolerance of uncertainty, resistance to stress, inner work standards, primacy of work, self-objectivity, ability to delay gratification, goal-flexibility, self-confidence, persuasiveness, self-direction, and realism of expectations.

Another major grouping of employability skills includes those pertinent to obtaining work. Citing results from a study of a group of clients at the Minnesota Rehabilitation Center, Wright (1980) listed several job seeking skill problems characteristic of the group:

> 80 percent of the clients did not look for work frequently enough, 85 percent could not explain skills to their employers, 40 percent had poor personal appearance or inappropriate mannerisms, and 90 percent could not explain their handicapping problems (p. 646).

Numerous studies have been conducted to develop and demonstrate job seeking skills programs (Azrin & Besalel, 1980; Azrin, Flores, & Kaplan, 1977; Azrin & Phillip, 1979; Mathews, Whang, & Fawcett, 1980; Matthias, 1981; Rusch & Mithaug, 1980).

The employer factor. Throughout the years, employer resistance to hiring persons with disabilities has remained a formidable barrier. The Urban Institute (1975) concluded that a large proportion of employers do not report favorable attitudes toward employment of handicapped persons and that these attitudes are largely based on nonrational prejudice. Negative attitudes manifest themselves in a number of unrealistic expectations voiced by employers such as higher insurance rates, poor attendance and high turnover, low productivity, and the need for excessive architectural modifications (Reagles, 1981). Additional resistance may emanate from potential co-workers and labor unions who may object to modifications in jobs or in seniority systems (Greenwood, 1982). Moreover, based on a desire to retain freedom of

choice in the areas of employee screening and hiring, employers react negatively to external pressures to hire disabled persons (Florian, 1978).

Other research has shown that employer concerns are further heightened by certain types of disability (Byrd, Byrd, & Emener, 1977; Williams, 1972). In fact, a recent literature review by Schneider and Anderson (1980) indicates that, in terms of social stigma, a hierarchy of preference or acceptability exists among disabilities. Social stigma is lowest for those with physical disabilities, moderate for those with sensory disabilities, and highest for those with psychogenic disabilities. This hierarchy may extend not only to the type of job an employer offers to a handicapped applicant but also to the salary recommendation (Rose & Brief, 1979). Schroedel (1978) concluded from his review, however, that the majority of employers lack direct experience with handicapped employees. Noting that stereotypes can form in the absence of accurate information, he called for direct contact between employers and handicapped workers to correct misperceptions. In his discussion of discrimination in employment decisions, Rose (1982) also stressed the importance of accurate information about disabilities and cited Hastorf, Wildfogel, and Cassman's (1979) replicated finding that receptivity toward working with disabled persons is greater when disabilities are openly acknowledged.

Despite the prevalence of negative attitudes toward individuals with disabilities, some employers have positive records regarding job development, placement, and maintenance for persons with disabilities. Indeed, some large companies such as Dow Chemical (Lanhann, Graham, & Shaberg, undated) have developed special programs to retrain and place individuals who have been disabled on the job, although there has been some speculation that such efforts stem from employer desires to reduce Worker's Compensation payments (Safilios-Rothschild, 1970). Although some investigators suggest that there is a growing receptivity to hiring disabled persons (Florian, 1978; Ruffner, 1981), Schroedel (1978) cautioned that there is frequently a discrepancy between employers' reported willingness to hire and their actual practice of hiring applicants with disabilities.

The family factor. Because of close personal relationships to a disabled individual and knowledge of his/her past history of successes and failures, family members have unique expertise which can be used to complement existing VR resources for enhancing employability. In their follow-up investigation with a large sample of blind persons, Bauman and Yoder (1966) found that positive family attitudes were associated with employment, while over-protection and rejecting family attitudes were related to worsened adjustment over time. Neff (1959) determined that a supportive family atti-

tude was associated with successful employability for former clients of a vocational workshop program. Conversely, a follow-up study at a comprehensive VR facility found that almost one-half of the ex-clients who were unemployed said that they had received no encouragement from their families in their efforts to become employed (Bolton, Rowland, Brookings, Cook, Taperek & Short, 1980).

Another follow-up study recently completed by Bolton (1982) provides more detailed support for the inference that positive family attitudes and encouragement increase the handicapped person's prospects for employment. In his investigation, employment, job satisfaction, and persistence in looking for work were associated with greater perceived family support in seeking employment.

The expectation of the positive effects of family support on a person's job seeking efforts could logically be extended to friends and neighbors. In the investigation reported in this monograph, several questions were asked to identify how friends have supported survey participants in looking for a job.

Service delivery factors. Finally, the relationship between pattern and quality of rehabilitation services and client outcomes should be addressed. In a recent literature review, Bolton (1979) concluded that patterns of service, cost variables, counselor time variables, and specific services appear related to outcome. Growick (1976) found a significant association between case service expenditures for training and positive rehabilitation outcomes. He did not, however, find any appreciable relationship between counseling and client outcome.

Other studies have reported no relationship between such variables as rehabilitation outcome and rehabilitation costs or length or cost of evaluation services (Cook, 1976). Though the results are somewhat ambiguous, it nevertheless seems reasonable to expect that rehabilitation services, particularly in training, can influence rehabilitation outcomes. Cooper (1974) supported this position and concluded that prediction of outcome in rehabilitation must take into consideration program variables as well as person variables.

An Employability Investigation

As the first step in a 5-year program of research on the enhancement of employability of handicapped persons, an indepth examination of the vocational adjustment of a sample of former VR clients was conducted. The main objective of this follow-up investigation was to identify critical employment-related problems and deficits that would warrant the development of interventions designed to enhance the

employment potential of disabled people. Fifty seven former clients of the Arkansas Rehabilitation Service were interviewed and, where possible, their current or most recent employer provided data on the former clients' satisfactoriness as employees. In addition to obtaining detailed information about their job histories between case closure and follow-up contact, the interviewers questioned the former clients about employment-related difficulties in finding jobs, helpfulness of rehabilitation services, support from family and neighbors, and receptivity of employers to hiring persons with disabilities. This monograph describes the employment problems and deficiencies, as well as the vocational successes of 57 persons with substantial handicaps to employment, and summarizes the inter-relationships among the variables measured in the study. Finally, the results are translated into general conclusions and specific implications for vocational rehabilitation practice.

Method

The primary research strategy used in this investigation was the semi-structured personal interview. Additional information pertaining to the former clients' vocational adjustment was obtained from the current or most recent employer using a standard psychometric instrument. In this section the research population, subject sample, instruments, and research procedures are described.

Population

The research population from which the sample was drawn consisted of former rehabilitation clients located in two 4-county geographical areas of Arkansas. The urban area was comprised of the four counties surrounding Little Rock, the largest metropolitan locale in the state. The rural area included four counties in the Northwest corner of the state, where the largest city has a population of less than 40,000. It was necessary to restrict the research population to these two geographical areas because of the costs associated with locating former clients and conducting personal interviews with them. In Table 1 the research population is compared to the former clients from the remaining counties in the state to establish its representativeness.

The research population was defined as: all clients closed either successfully (status 26) or unsuccessfully (status 28) after the provision of all planned services in fiscal years 1980 and 1981. Former clients who did not complete their prescribed services (status 30 closures) or handicapped persons who were not accepted for VR services (status 08 closures) were not included in the population. Visually impaired and hearing impaired former clients (major disability codes 100-299) were also deleted from the research population because in Arkansas visually and hearing impaired VR clients are served through separate agencies which maintain independent research units.

Sample

The research population was identified from the computer files of the Arkansas Rehabilitation Service and potential subjects were listed on a printout with name, address, telephone number, and three demographic descriptors that were used to stratify the sample. The relevant demographic descriptors with categories that were used to stratify the sample were: type of disability (physical, intellectual, emotional), type of service (field office, workshop, Hot Springs Rehabilitation Center), and gender. Listings of former clients were prepared separately for 1980 and 1981 for each of the nine disability by service combinations, with gender identified. Subjects were sampled from the service

Table 1

Composition of Population and Sample

	Potential Sample			Population	
	Research Sample (n=57)	Declined Participation (n=20)	Unable to Locate (n=147)	Little Rock & Northwest (n=1,975)	Remaining Counties (n=4,591)
Gender					
Males	53%	50%	54%	46%	46%
Females	47%	50%	46%	54%	54%
Disability					
Physical	35%	30%	34%	70%	70%
Intellectual	39%	40%	35%	15%	15%
Emotional	26%	30%	31%	15%	15%
Service					
Field	33%	35%	39%	81%	77%
Center	26%	20%	35%	10%	12%
Workshop	40%	45%	26%	9%	11%
Closure					
Competitive Employment	66%	75%	65%	66%	61%
Sheltered Employment	20%	20%	7%	6%	10%
Other Employment*	5%	5%	12%	15%	15%
Not Employed	9%	0%	16%	13%	13%

*Includes homemakers, unpaid family workers, and self-employed (with or without state subsidization).

cells in the approximate ratio of two field clients, two workshop clients, and one Center client.

This sampling strategy was followed in order to provide a research sample that was disproportionately comprised of handicapped clients with greater employability deficits and, therefore, lower employment potential. Clients who receive services at either the Hot Springs Rehabilitation Center or one of the 25 rehabilitation workshops in Arkansas are, by virtue of their counselors' decisions to purchase facility services, less ready for competitive employment. The Hot Springs Rehabilitation Center offers medical, psychological, social, and vocational services, where the latter category includes vocational evaluation, work adjustment, and occupational training. The workshops offer intensive, non-residential programs focused on personal adjustment preparation, vocational evaluation, and extended work adjustment, with some permanent employment opportunities.

The results of the sampling procedure are summarized in Table 1. It can be observed that we were successful in identifying, locating, and interviewing a disproportionate number of handicapped persons served in workshops (40%) and the Center (26%). The state-wide population service rates for both types of facility services are just slightly above 10%. It can also be seen that clients with intellectual and emotional disablities are over-represented in the research sample, with proportions of 39% and 26%, respectively. These figures are substantially larger than the population rates of 15% for both disabilities, and primarily reflect the service focus of workshops. In fiscal years 1980 and 1981, more than one-third (37%) of all mentally retarded clients in Arkansas participated in workshop rehabilitation programs, in contrast to 16% of emotionally impaired clients, and just 3% of clients with physical handicaps.

Additional data that support our contention that clients served in rehabilitation facilities possess the greatest deficits in employment skills are the competitive employment rates at closure for clients served in workshops (37%), the Center (49%), and field offices (61%). Differences in competitive employment closure rates for the three primary disability groups are much smaller: intellectual (51%), emotional (55%), and physical disabilities (58%). Still, the evidence suggests that the subject sample is disproportionately comprised of vocationally unprepared handicapped persons.

The following conclusions concerning the composition of the research sample relative to the population can be stated: (a) The sample is reasonably representative of the population with respect to male/female composition, (b) The sample is disproportionately comprised of intellectually and emotionally handicapped clients who received services in facility settings

and (c) The success rate of the sample as indicated by proportion of closures in competitive employment closely approximates the population success. In summary, the data presented in this section suggest that the research sample is disproportionately comprised of somewhat more successful intellectually and emotionally disabled clients who received services in workshops and comprehensive centers.

A more complete description of the 57 former rehabilitation clients who comprise the research sample is contained in Tables 2 and 3. The demographic data can be summarized as follows: The typical client is young and single with no dependents and a limited educational background. It can be concluded from the major disabilities specified in Table 3 that a wide variety of handicapping conditions are represented in the sample.

Instruments

The semi-structured personal interviews with former clients were conducted using a standardized interview guide that was modified from previous instruments (Bolton, 1983; Bolton, et al., 1980; Cook, Bolton, & Taperek, 1980, 1981). Former clients were asked a series of questions about their current jobs, recent employment histories, and the types of problems they encountered on the job. Respondents who were unemployed at the time of follow-up contact were questioned about their work histories after case closure, recent attempts to find employment, and the obstacles that they thought were preventing them from working.

All respondents were asked questions about their physical and emotional health, views of the helpfulness of rehabilitation services, perceptions of family support and encouragement, perceptions of employers' attitudes toward hiring handicapped persons, and the amount of time they spent engaged in a variety of social and leisure activities. The subjects' responses to the open-ended questions were allocated to naturally-occurring categories by the investigators, with the help of graduate assistants. Because most interview questions included the choice of standard options or required specific answers, very litle judgment was involved in quantifying subject responses. The interview guide is included in the Appendix.

Employers' perceptions of the vocational adjustment of the former clients were recorded on the Minnesota Satisfactoriness Scales (MSS). The development of the MSS began with a thorough literature review (Scott, et al., 1960) and proceeded through three editions of the instrument (Carlson, et al., 1963; Weiss, et al., 1966; Gibson, et al., 1970). The third edition (the current version) consists of 28 items that can be completed by an employee's supervisor in about five minutes

and is scored on four factor analytically derived subscales, in addition to general satisfactoriness.

Table 2

Demographic Characteristics of the Research Sample

Gender:	Male (53%)	Race:	Caucasian (79%)
	Female (47%)		Non-Caucasian (21%)
Age:	15-20 (42%)	Marital Status:	Single (65%)
	21-30 (32%)		Married (18%)
	31-40 (19%)		Divorced (14%)
	41-57 (7%)		Separated (4%)
Education:	Grades 4-8 (7%)	Dependents:	None (67%)
	9-11 (25%)		1 (14%)
	12-14 (24%)		2 (12%)
	Ungraded (44%)		3+ (7%)

Table 3

Major Disabling Conditions of the Research Sample

Physical/Medical Disabilities		35%
Orthopedic impairments of one or more limbs due to accidents (10%), disease (7%), arthritis (2%), and stroke (2%)	21%	
Neurological impairments	7%	
Amputations	4%	
Cardiac Disease	2%	
Genito-urinary disease	2%	
Intellectual Disabilities		39%
Mental Retardation-mild	23%	
Mental Retardation-moderate	16%	
Emotional Disabilities		26%
Psychotic diagnosis	5%	
Psychoneurotic diagnosis	19%	
Personality disorder diagnosis	2%	

The four subscales and "general satisfactoriness" (with internal consistency reliabilities in parentheses) are: Performance (.90), Conformance (.85), Personal Adjustment (.74), Dependability (.85), and General Satisfactoriness (.94). Subscale scores can be converted to standard percentile scores using a Workers-in-General norm group that is representative of the U.S. labor force. The median intercorrelation among the four subscales of .58, with a range from .52 to .65, indicates that the subscales are sufficiently independent to support the separation of the four components of satisfactoriness, and at the same time justifies the summation of all 28 items into a total score representing "general satisfactoriness."

Because the MSS is a copyrighted instrument that was used with the publisher's permission in this study, it cannot be included in the monograph. However, the 28 employee characteristics that are judged by the employer are listed in Table 9 in the Results section, where frequency distributions of rated satisfactoriness for the research sample are presented.

Procedures

The identification of the research sample began with the computer-generated listing of the research population described above. The interviewers attempted to locate the former clients by calling the telephone number given on the computer listing. If the client could be located and was willing to participate in the investigation, an interview appointment was made. Of the 224 potential subjects, the interviewers were unable to locate 147 (65%), twenty former clients (10%) declined to participate, and 57 (25%) were actually interviewed. The comparisons among the three groups in Table 1 suggest that the research sample is generally representative of the population that was of special interest in the investigation, i.e., handicapped persons with substantial employment problems.

Two interviewers, one in each of the geographical areas, conducted the interviews. All participants had been closed for at least one year; the interval between case closure and follow-up contact ranged from 13 to 46 months, with a median of 26 months. Fifty-four of the interviews were conducted in the respondents' homes, two in local workshops, and one in the research office. All interviews were completed during the fall of 1982 and spring of 1983. The typical interview required about one hour.

At the end of the interview, the interviewer requested permission to contact the respondent's current employer or most recent employer (if the former client had been employed since case closure). All 45 subjects who met the employment criterion gave their consent for the employer contact.

Employers were first contacted by telephone to explain the purpose of the study and to request their participation. The MSS and a return envelope were mailed to all 45 employers. If the MSS was not returned within two weeks, a second telephone call was made and a reminder letter was sent. If the completed MSS was not returned within one month, the employer was considered to be refusing to participate. A total of 38 completed Minnesota Satisfactoriness Scales was received from employers.

Results

The statistical results of this intensive follow-up investigation of 57 former clients of the Arkansas Rehabilitation Service are organized into seven sections and numerous subsections. Data are tabulated in seven tables as well as presented in brief lists in the text. The seven major sections are:

1. Vocational Rehabilitation Service Characteristics
2. Global Indices of Employment Success
3. Job Patterns of Former Clients
4. Factors Associated with Job Patterns
5. Employment Expectations and Employer Attitudes
6. Employer-Rated Job Satisfactoriness
7. Employment-Related Factors

Vocational Rehabilitation Service Characteristics

In the development and delivery of vocational rehabilitation services, there are three indicators regarding the nature of a client's vocational plans. One of these is the vocational objective, a joint decision between counselor and client as to the appropriate job focus of the client's rehabilitation program. Services are then selected to enable the individual to achieve this vocational objective. The vocational objective can also be viewed as an estimate of the client's vocational potential.

The next major decision concerns the individual's choice of vocational training area. Naturally some consistency should exist between vocational objective and vocational training area. However, due to unavailablity of training openings, expense factors, or other related issues, perfect correspondence between vocational objective and training area would not be expected. The ultimate vocational outcome of the rehabilitation service system is the occupation at closure. The occupation at closure is a job held succesfully by the rehabilitation client for a period of 60 days.

Vocational Objective. Table 4 presents the vocational objectives for the rehabilitation programs of the 57 subjects in the research sample. To indicate the level of vocational functioning required by the jobs, the three tables in this section divide jobs into two levels: jobs requiring no to low skills and jobs requiring moderate to high skills.

Due to their assigned vocational objective of vocational adjustment, one-fifth (19%) of the sample was viewed as severely deficient in the functional vocational capabilities needed to succeed in the workplace (Roessler & Bolton, 1983). Moreover, the majority (59%) of the rehabilitation programs were written for positions requiring little vocational

Table 4

Types of Vocational Objectives (N=57)

I. No or Low Skill Position		II. Moderate to High Skill	
Skill Position			
Vocational Adjustment	19%	Cosmetology	5%
Business related	16%	Auto Mechanics	3%
Food Service	9%	Sewing/Tailoring	3%
Homemaker	5%	Upholstery	3%
Attendant	5%	Metal Work	3%
Custodial	3%	Body/Fender	2%
Assembly line	2%	Appliance Repair	2%
		Watch Repair	2%
	59%	Printing	2%
		Office Machine Repair	2%
		Carpentry	2%
		Optic Repair	2%
		Masonry	2%
		Transit Driver	2%
		Teacher	2%
			41%

training. These entry-level, unskilled positions appear practically interchangeable in terms of generic job demands. Hence, preparation for the work role in general (i.e., employability training) and for the process of securing work (i.e., job seeking skills training) would be suitable rehabilitation services for a significant segment of the sample.

Vocational Training Area. Vocational training areas are presented in Table 5. Approximately half of those in a reported vocational training area (47%) are in a no or low skill area. However, the data for nine subjects were not reported, so the difference between this pattern and that of the vocational objectives may not be all that great. Several new areas appear (e.g., woodworking, laundry, keypunch, and data processing) which may reflect available training areas deemed by the counselor reasonably related to a vocational objective presented in Table 4. Table 5 indicates that the sample was approximately evenly divided between low and moderate to high skill training areas.

Table 5

Types of Vocational Training Areas (N=43)

I. No or Low Skill Position		II. Moderate to High Skill Position	
Vocational Adjustment	21%	Woodworking	12%
Business-related	12%	Auto Mechanics	7%
Food Service	9%	Body & Fender	7%
Laundry	5%	Cosmetology	5%
		Sewing/Tailoring	5%
	47%	Office Machine Repair	5%
		College	5%
		Upholstery	2%
		Carpentry	2%
		Key Punch	2%
		Data Processing	2%
			53%

Occupation at Closure. Occupations at closure reported by rehabilitation counselors are presented in Table 6. A major shift toward low skilled closures is apparent; 68% of the sample are in jobs requiring only a minimal amount of vocational preparation. Conclusions regarding the need for employability and job seeking skills training made in reference to the vocational objective are clearly appropriate for these closure data as well. As documented in a later section of this monograph, the prevalence of low skill/entry level jobs at closure was also found in jobs held at the time the follow-up survey was conducted. Of those individuals who were working when the survey was conducted, 72% held jobs requiring minimal skills.

Global Indices of Employment Success

Two global measures of employment success that are traditionally used in follow-up studies of the vocational adjustment of handicapped persons are employment status at follow-up and proportion of time employed during the interval between case closure and follow-up contact. Each of these indices is useful in estimating the overall employment success rate of former rehabilitation clients. Whether or not a former client is working at the time of follow-up contact also provides a basis for inquiring about issues such as job problems if currently employed, efforts to find employment if not working, and engagement in nonwork activities. Still, proportion of time worked since case closure would seem to be the best global measure of employment success.

Table 6

Occupations at Closure (N=47)

I. No or Low Skill Position		II. Moderate to High Skill Position	
Business Related	21%	Cosmetology	6%
Sheltered Workshop	15%	Auto Mechanics	4%
Food Service	8%	Body & Fender	2%
Custodial	8%	Appliance Repair	2%
Homemaker	8%	Upholstery	2%
Unpaid Family Worker	4%	Office Machine Repair	2%
Attendant	2%	Carpentry	2%
Factory Assembly	2%	Metal Work	2%
		Transit Driver	2%
	68%	Supervisor	2%
		Welding	2%
			28%

Employment Status at Follow-up. Almost one-half (49%) of the former clients in the research sample were employed in the competitive labor market at the time of the follow-up interview. Another 10% of the former clients were located in sheltered employment, with 41% of the sample unemployed at follow-up. These figures are reasonably consistent with data reported by Bolton (1981) which resulted from a comprehensive review of VR follow-up studies. The average weekly salary for employed former clients was $125, with a range from $8 to $300. The typical employed respondent worked an average of 33 hours per week, with a range from 4 hours to 60 hours. These data suggest considerable variability in employment participation, a characteristic of the research sample that will be further documented in subsequent sections.

Proportion of Time Employed. When the employment histories of the respondents were translated to proportions of time worked during the interval between case closure and follow-up, the resulting distribution gave a slightly more favorable picture of labor market participation for the research sample. More than one quarter (28%) of the former clients had been employed 100% of the time since closure. Another one-third (32%) worked at least 36% of the time, with 14% having worked 70% of the time or more. One fifth (19%) of the former clients worked between 7% and 27% of the time, while one fifth (21%) had not worked since leaving the VR service system. In summary, almost four-fifths (79%) of the research sample evidenced some employment activity, with 60% having worked at least one-third of the period.

Job Patterns of Former Clients

Table 7 presents the complete job patterns for each of the 57 survey respondents. Data for the table were generated from survey questions dealing with the respondent's work history since closure from VR services and from case file information maintained on computer by the Arkansas Rehabilitation Services. Three of the entries in Table 7 (vocational objective, vocational training, and occupation at closure) were described in a preceding section. However, it is instructive to view all stages of a person's rehabilitation service process and work history simultaneously. For most survey respondents, a consistent pattern exists among vocational objectives, vocational training areas, and occupations at closure.

The relationships among the first three columns of Table 7 have already been discussed. This section deals with several new issues: types of jobs held since the occupation at closure, reasons for leaving those jobs, and the relationship between vocational training area and the individual's subsequent employment history.

Job Types. Data in Table 7 indicate that the majority of jobs held by participants after job at closure were unskilled to low skill positions. Sixty nine percent (69%) of the jobs were in the following areas: custodial (25%), general business (12%), vocational adjustment or sheltered work (10%), food service (10%), factory assembly (7%), and laundry/dry cleaning (5%). These results are consistent with those reported for occupation at closure.

Reasons for leaving jobs. Fourteen persons reported a total of 29 job changes. As might be expected, they reported that the majority (59%) of the changes resulted from being laid off by the employer. Being new employees in entry level positions, these individuals experienced considerable instability in their work. Only a small percentage of the job changes were made due to termination (14%) or dissatisfaction with the job (17%). An even fewer number of moves were made because the person found a better job (3%) or because the person experienced poor health (7%).

Vocational training and subsequent employment. Table 7 reviews each former client's work history from vocational preparation to current job or last job held. These data provide insights into the extent to which type of vocational training received influences the person's later work history. To evaluate that issue, each person's job pattern was studied to determine whether he/she had held any job since occupation at closure that was consistent with vocational training received. Results of this analysis are presented in the last column of Table 7.

Table 7

Job Patterns of Former VR Clients (N=57)

Participants	Vocational Objective	Vocational Training	Occupation at Closure	Current Job	Recent Jobs (if currently working) Most	Next	Next	Any Jobs (Since closure) Most	Next	Consistent Job Pattern
1	Printing	--	--	--	--	--	--	--	--	--
2	General Business	Data Processing	General Business	--	--	--	--	General Business	Custodial	Yes
3	Homemaker	Vocational Adjustment	Homemaker	--	--	--	--	Custodial	Custodial	Yes
4	Vocational Adjustment	--	Vocational Adjustment	--	--	--	--	--	--	--
5	Vocational Adjustment	Vocational Adjustment	Vocational Adjustment	Vocational Adjustment	--	--	--	--	--	Yes
6	Vocational Adjustment	--	Vocational Adjustment	Vocational Adjustment	Custodial	--	--	--	--	--
7	Vocational Adjustment	--	Vocational Adjustment	--	--	--	--	--	--	--
8	Auto Mechanic	Auto Mechanic	Auto Mechanic	General Business	Custodial	Supervisor	Supervisor	--	--	No
9	General Business	General Business	General Business	Custodial	General Business	--	--	--	--	Yes
10	Cosmetology	--	Cosmetology	Cosmetology	--	--	--	--	--	--
11	General Business	General Business	General Business	--	--	--	--	General Business	General Business	Yes
12	Office Machine Repair	Office Machine Repair	Office Machine Repair	Office Machine Repair	--	--	--	--	--	Yes
13	General Business	General Business	General Business	General Business	--	--	--	--	--	Yes

Table 7 (cont.)

Job Patterns of Former VR Clients (N=57)

Participants	Vocational Objective	Vocational Training	Occupation at Closure	Current Job	Recent Jobs (if currently working)			Any Jobs (Since closure)		Consistent Job Pattern
					Most	Next	Next	Most	Next	
14	Upholstery	Upholstery	Custodial	Custodial	Upholstery	Upholstery	--	--	--	Yes
15	Houseparent	Laundry	Assembly Line	Woodworking	--	--	--	--	--	No
16	Carpentry	Body & Fender	Carpentry	Custodial	Food Service	--	--	--	--	No
17	Transit Driver	Office Machine Repair	Transit Driver	Transit Driver	Assembly Line	--	--	--	--	No
18	Homemaker	--	Homemaker	Food Service	Nurses Aide	--	--	--	--	--
19	General Business	Key Punch	General Business	--	--	--	--	General Business	Houseparent	Yes
20	Assembly Line	Vocational Adjustment	Assembly Line	--	--	--	--	Assembly Line	Food Service	Yes
21	Vocational Adjustment	Vocational Adjustment	Vocational Adjustment	--	Vocational Adjustment	--	--	--	--	Yes
22	Houseparent	Vocational Adjustment	Houseparent	--	--	--	--	Assembly Line	Nurse's Aide	Yes
23	Welding	Auto Mechanic	Welding	Metal Work	--	--	--	--	--	Yes
24	Teacher	College	Supervisor	Assembly Line	Custodial	--	--	--	--	No
25	Auto Mechanic	Auto Mechanic	Auto Mechanic	Auto Mechanic	--	--	--	--	--	Yes

Table 7 (cont.)

Job Patterns of Former VR Clients (N=57)

Participants	Vocational Objective	Vocational Training	Occupation at Closure	Current Job	Recent Jobs (If currently working) Most	Next	Next	Any Jobs (Since closure) Most	Next	Consistent Job Pattern
26	Body & Fender	Body & Fender	Body & Fender	Body & Fender	Body & Fender	--	--	--	--	Yes
27	Custodial	--	Custodial	--	--	--	--	--	--	--
28	Sewing/ Tailoring	Sewing/ Tailoring	--	--	--	--	--	--	--	--
29	Food Service	Body & Fender	Food Service	Custodial	Custodial	Custodial	Custodial	--	--	No
30	Vocational Adjustment	Vocational Adjustment	Unpaid family worker	Vocational Adjustment	--	--	--	--	--	--
31	General Business	Vocational Adjustment	General Business	Vocational Adjustment	--	--	--	--	--	Yes
32	Vocational Adjustment	Food Service	--	--	--	--	--	Food Service	Food Service	Yes
33	Electrical Appliance Repair	Woodworking	Electrical Appliance Repair	Assembly Line	--	--	--	--	--	No
34	Metal Work	Vocational Adjustment	Metal Work	Assembly Line	--	--	--	--	--	Yes
35	Custodial	Vocational Adjustment	Custodial	Laundry	--	--	--	--	--	Yes
36	Food Service	--	Food Service	Food Service	--	--	--	--	--	--
37	Optic Repair	--	General Business	--	--	--	--	--	--	--

Table 7 (cont.)

Job Patterns of Former VR Clients (N=57)

Participants	Vocational Objective	Vocational Training	Occupation at Closure	Current Job	Recent Jobs (If currently working) Most	Next	Next	Any Jobs (Since closure) Most	Next	Consistent Job Pattern
38	Cosmetology	Cosmetology	Cosmetology	Cosmetology	Cosmetology	Cosmetology	--	--	--	Yes
39	Food Service	--	Food Service	Custodial	--	--	--	--	--	--
40	Food Service	--	Food Service	Custodial	Food Service	--	--	--	--	--
41	Cosmetology	Cosmetology	Cosmetology	Cosmetology	--	--	--	--	--	Yes
42	General Business	General Business	General Business	--	--	--	--	General Business	--	Yes
43	Masonry	--	--	--	--	--	--	Transit Driver	Painting	--
44	General Business	Food Service	General Business	--	--	--	--	--	--	--
45	Homemaker	Food Service	Homemaker	General Business	--	--	--	--	--	No
46	Food Service	Food Service	Unpaid Family Worker	--	--	--	--	Custodial	Custodial	No
47	Watch Repair	Woodworking	--	Food Service	Custodial	Housepparent	Woodworking	--	--	Yes
48	Welding	Woodworking	--	--	--	--	--	Cosmetology	Cosmetology	No
49	Vocational Adjustment	General Business	Homemaker	--	--	--	--	--	--	--

Table 7

Job Patterns of Former VR Clients (N=57)

Participants	Vocational Objective	Vocational Training	Occupation at Closure	Current Job	Recent Jobs (of currently working) Most	Next	Next	Any Jobs (Since closure) Most	Next	Consistent Job Pattern
50	Upholstery	Woodworking	Upholstery	--	--	--	--	Nurses Aide	--	No
51	Vocational Adjustment	--	Custodial	Custodial	--	--	--	--	--	--
52	Vocational Adjustment	Woodworking	Vocational Adjustment	--	--	--	--	Vocational Adjustment	--	No
53	Sewing/ Tailoring	Laundry	--	Vocational Adjustment	Dry Cleaning	Dry Cleaning	Laundry	--	--	Yes
54	Houseparent	Sewing/ Tailoring	Vocational Adjustment	Custodial	--	--	--	--	--	No
55	Vocational Adjustment	Vocational Adjustment	Vocational Adjustment	Vocational Adjustment	--	--	--	--	--	Yes
56	General Business	Carpentry	General Business	--	--	--	--	General Business	--	No
57	Metal Work	College	--	Custodial	--	--	--	--	--	No

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Forty subjects had adequate data for the consistency analysis; of these, 25 (62%) had held one or more jobs consistent with the training they had received. Therefore, for the majority of clients in the sample, type of vocational training was related to later vocational placements. To some degree, type of vocational training does influence the type of work an individual gets after completing VR services.

Before closing this section, it should be noted that the complete job patterns depicted in Table 7 follow the same trends reported in earlier sections. The majority of survey respondents held entry level positions; any job changes made were usually to another entry level, low skill position.

Factors Associated With Job Patterns

A number of factors affect a person's work status. In the interview, questions were asked that addressed such issues as work satisfaction, problems encountered on the job, perception of VR services, and work-related plans and expectations of those currently not working.

Work Satisfaction. Survey participants were asked how they liked their current or most recent job. Response codes and the proportion of the sample expressing those levels of job satisfaction were: Don't like (7%), Tolerable (28%), Like (44%), and Really Like (20%). The majority of respondents liked their work, and nearly all of the sample viewed their work as tolerable or fulfilling. Hence, it appears that dislike of work would not be a barrier to employment for this group. In addition, it appears that the respondents find the entry level type of position and associated job demands acceptable.

Correlational analyses indicated a number of relationships between work satisfaction and other aspects of the survey. Work satisfaction was positively correlated with weekly salary for those currently working ($r = .48$, $p < .05$), weekly salary at closure ($r = .39$, $p < = .05$), the degree of perceived help received from VR services ($r = .29$, $p < .05$), time spent engaged in hobbies and crafts ($r = .30$, $p < .03$) and social activities, i.e., visiting friends ($r = .33$, $p < .02$).

Problems Encountered On the Job. Individuals working at the time of the follow-up survey were asked whether they had enountered problems in any of several job-related areas. Results from this group of questions are summarized in Table 8.

The first finding of significance is that few survey participants volunteered any job-related problems. This manifestation of satisfaction with work is consistent with results in the preceding section. The biggest problem area, finding out about promotions or better jobs, was mentioned by

32% of the sample. About 20% of the sample noted problems in knowing what to do to get raises, promotions, or bonuses; working with co-workers; being good at the job; and working with supervisors.

Table 8

Job-Related Problems Expressed by Employed Former Clients (N=32)

Finding out about promotions or better jobs	32%
Knowing what to do get raises, promotions, etc.	20%
Working with co-workers	19%
Being good at your job	18%
Working with supervisors	17%
Getting all your work done	9%
Doing what your employer or supervisor expects	9%
Wearing the right kind of work clothes	9%
Being on time	7%
Following company rules and policies	6%

Results in Table 8 certainly suggest that job advancement is a vital concern among handicapped workers. Moreover, some individuals would appear to be receptive to employability training that would improve their interpersonal relations on the job. By the same token, these results do not indicate that handicapped persons see themselves as having considerable difficulty in meeting the demands of their jobs.

Perception of VR Services. Participants were asked how helpful VR services were in training them for a job, whether their job skills improved as a result of VR services, and whether their job skills had improved since leaving VR services. Individuals who were working at the time of the survey also reported whether VR services were helpful in getting them their jobs.

The majority of respondents (72%) stated that VR services were either very helpful (54%) or somewhat helpful (18%) in preparing them for a job; only 28% reported that VR services had not helped them. Problems reported by those with some degree of dissatisfaction with VR services (46%) were usually attributed to inadequate vocational training (79%). Isolated complaints included receiving training in areas where no job opportunities existed (14%) and being too far behind educationally to benefit from training (7%). Nevertheless, 79% of the entire sample did feel that their job skills had improved as a result of VR services and 80% felt that their skills had continued to improve even after leaving VR services. However,

of those not working at the time of the follow-up survey, 44% reported that VR services had not helped them get jobs. Hence, a significant number of clients believed that they needed additional placement assistance.

Work Related Plans and Expectations of Former Clients Not Working at Follow-up. The interview was designed to include a large group of questions for all respondents and then subsets of questions for those who were working or not working at the time of the survey. In this section, results from the questions posed to those former clients who were not working are presented. The intent of these questions was to identify factors affecting the work outlook of unemployed rehabilitation clients. Specific issues discussed included work since completing vocational training, current plans for work, vocational training, job availability, amount of medical or transportation problems, and current enrollment in school or training.

Individuals in the nonworking subsample (N = 23) were not unfamiliar with the work world. Indeed 61% had worked at some time between VR closure and the follow-up interview. Examples of jobs held included clerical (4), industrial assembly (3), and custodial (2). Half of these individuals were laid off their jobs, and only two were terminated. A majority of the nonworking group (61%) indicated that they were looking for work at the time of the survey.

A number of factors appeared to impede the employment efforts of the nonworking participants. Although a majority (61%) viewed themselves as having enough training, only a few (9%) felt that there were enough job opportunities in their local communities. Moreover, a substantial number (61%) reported medical problems severe enough to be viewed as barriers to employment. Transportation was a problem for about one fifth (22%) of the group.

Though only a few significant correlations were found, they are worthy of mention. In the nonworking subsample, those who were looking for work at the time of the survey reported greater perceived family support (r = .41, p <.02) and spent more time visiting friends (r = .40, p <.05). Furthermore, those who reported fewer medical problems also rated their families as more supportive of their employment seeking efforts (r = -.44, p <.05).

Employment Expectations and Employer Attitudes

This section deals with employment-related expectations held by survey respondents. The initial issue is whether respondents believe that they will be employed one year from now. Consideration then turns to two items directly related to expectations for employment--perceived employer attitudes

toward hiring handicapped persons and perceived employer intentions to hire handicapped persons.

Responses to the attitude questions clustered into the following categories: negative, ambivalent, or positive. The intention question focused on whether respondents felt that employers were as likely to hire handicapped people as non-handicapped people. Answers were collapsed into "yes", "no", or "maybe" groupings. If they answered "no" to the preceding question, participants were asked why they felt that employers were less likely to hire handicapped persons. All survey participants were also asked how employers could be more helpful to handicapped people.

Employment Status Next Year. Only 13% of the respondents expected to be unemployed next year. Small percentages were associated with several other options as well, e.g., employed part time (4%), self-employed (4%), and in training or school (6%). Three fourths (74%) of the sample expected to be employed in one year's time. This expectation is certainly consistent with the fact that 49% of the sample was competitively employed when interviewed. Moreover, approximately two-thirds of that group worked 30 hours a week or more.

The respondents' optimism regarding employment expectations is particularly interesting given several other trends in the data. First, only 12 of the 27 individuals who worked competitively (not in sheltered workshops) were employed during the entire time span (2 to 3 years) between their closure from vocational rehabilitation services and the time of the follow-up interview. Of the 15 who did not work that entire period, nine had been laid off from at least one job. Hence, several respondents had direct experience that would negatively affect their employment outlook. It should also be noted that being the "last hire" in an entry level position leaves one extremely vulnerable in today's job market. Nevertheless, the vast majority of the sample expected to be working full time within one year.

Employer Attitudes. Another question in the employment expectation area dealt with employer attitudes toward hiring handicapped persons. Responses fell into one of three categories; negative (57%), ambivalent (17%), and positive (26%). Approximately three out of four who responded felt that employers were either negative or ambivalent toward hiring people with disabilities. This negative perception of employers' attitudes is consistent with other research conducted on disabled persons' views regarding hiring attitudes of employers (Goodwin, 1972).

Correlational analyses revealed only one significant, yet important, relationship between perceived employer hiring attitudes and other variables in the follow-up survey. Former

clients who had worked a greater proportion of time between closure and follow-up had more positive perceptions of employer attitudes toward handicapped persons (r = .43, p <.003).

Several marginal relationships indicative of trends in the data are also worth reporting. Participants who were employed at follow-up had more positive perceptions of employer attitudes toward hiring disabled persons (r = .27, p <.07). Older respondents as well as those who reported spending more time reading magazines, books, and newspapers also had more optimistic perspectives regarding employer hiring attitudes (Age, r = .28, p < .06; Reading, r = .27, p <.07).

Employer Intentions. The majority of respondents (65%) indicated that they did not feel that employers were as likely to hire handicapped people as non-handicapped people. About one third (35%) had a more positive perception of employer intentions. Again, expectations of and experiences with prejudice and being laid off probably affected the responses to this question. Although it is a very important variable, perception of discrimination in employment was correlated with only one other variable--the extent of help one had received from a neighbor in finding a job. Employers were seen as more likely to hire handicapped persons by those who also viewed neighbors as helpful (r = .31, p <.04).

Those former clients who perceived employers as less likely to hire handicapped persons were asked why they held this belief. Though a variety of reasons were given, the major category concerned production issues (45%). Many respondents believed that employers saw handicapped persons as less able to meet production expectations on the job. Some respondents (21%) reported that employers were less likely to hire handicapped persons because of the stigma attached to visible handicaps. Other reasons cited were: accommodations needed (10%), increase in insurance rates (7%), recurrence of the disability (7%), difficulties in training (7%), and safety considerations (3%). A sample of actual responses gives a sense of the respondents' concerns:

1. Employers are afraid my disability will recur.
2. They want someone healthier and smarter.
3. They just don't want mentally or physically handicapped around.
4. They don't think we can put out the work.
5. People don't know how to accept or act toward handicapped persons.
6. They think there are more people out there capable of doing the job better.
7. They will skip over you because of insurance problems.
8. They don't want to go through the trouble of training handicapped persons.

How Employers Can Help. Survey participants were asked how employers could be more helpful to handicapped people. A large percentage (46%) simply said "give us a chance" or something to that effect. They emphasized that they were asking only that employers "be fair" and that employers not provide "special favors." More consideration and greater understanding of the needs of handicapped people on the job was suggested by 24% of the group. Smaller percentages of the sample mentioned such concerns as providing necessary accommodations (9%), contributing financially to United Fund (2%), and providing help in locating jobs (2%). A small minority (15%) did not suggest any way that employers could be more helpful.

Employer-rated Job Satisfactoriness

To obtain an independent evaluation of the vocational adjustment of the former clients in the research sample from the critical perspective of the individuals who are the gatekeepers to the competitive labor market, we asked the current (or most recent) employers to complete the Minnesota Satisfactoriness Scales (MSS). The MSS was returned by 38 of the 45 employers of those former clients who had worked at least sometime during the interval between case closure and follow-up contact. The 38 former clients included 28 who were employed at follow-up, five of whom were working in sheltered situations, and ten who were not currently working.

In comparison to a normative sample of Workers-in-General (Gibson, et al., 1970, pp. 48-49), constructed to be broadly representative of the U.S. labor force, the 38 former clients whose employers completed the MSS were only slightly below average:

MSS Scale	Percentile
Performance	42%ile
Conformance	49%ile
Dependability	48%ile
Personal Adjustment	45%ile
General Satisfaction	42%ile

It can be concluded that employers viewed this sample of handicapped workers no differently than typical employers view their employees. Furthermore, like the typical sample of employees, there was substantial variability in the rated satisfactoriness of the former clients, with individuals as low as the 1st percentile and as high as the 99th percentile on every scale.

Employer-judged satisfactoriness was independent of the gender and age of the handicapped workers, and only self-rated emotional health was correlated with any MSS scale--Conformance ($r = .33$, $p < .04$). However, three MSS sca-

les were significantly correlated with length of time between case closure and follow-up: Performance (r = .35, p < .03), Conformance (r = .37, p <.03), and General Satisfactoriness (r = .34, p <.04). Performance was also correlated with proportion of time employed between closure and follow-up (r = .36, p < .03). These relationships suggest that employment experience, meaning simply time on the job, is a factor in obtaining better satisfactoriness ratings. We would hypothesize that the more time and opportunities that employers have to interact with handicapped employees, the more likely they are to view handicapped workers favorably.

In addition to calculating the normative scores on the MSS factor scales for the research sample, we prepared distributions for each of the 27 MSS items that the employers rated. Each of the 27 stimuli, which have been reorganized under the four subscales on which they are scored, are judged on a 3-point response continuum, i.e., "above average", "average," and "below average." The frequency distributions for each item are presented in Table 9. These data are consistent with the normative interpretation reported above and they extend the conclusions to the specific behaviors that comprise the role of the satisfactory employee.

First, it is clear that the majority of handicapped workers in the research sample are viewed as average or above average employees. Employer perceptions in the areas of Conformance and Dependablity are especially favorable, a result that has significant implications for rehabilitation practitioners involved in job development and client placement activities. It is worth noting that almost one-half (47%) of this sample of handicapped workers would qualify for a pay raise in the opinion of their employers. Yet, ironically, it is also in the Performance area where the research sample received the lowest ratings. Employers viewed more than one-third of the sample as possessing below average potential for career advancement, i.e., 39% were judged below average on "transfer to a higher level" and 42% were similarly rated on "promote to more responsible job."

When these ratings on career potential are considered in conjunction with the somewhat lower rating on "performs a variety of tasks", a result that most certainly reflects the lower level of job skills required by the jobs typically held by persons in the research sample, it can be tentatively concluded that the limited work capabilities possessed by many handicapped job seekers permanently relegate them to unskilled jobs with little possibility of advancement. This issue is examined next and suggestions for rehabilitation service provision are specified.

Table 9

Employers' Ratings of Job Satisfactoriness (N=38)*

Performance		Below	Average	Above
4.	Accept job responsibility?	16%	60%	24%
5.	Adapt to changes	24%	53%	23%
11.	Perform variety of tasks?	32%	48%	21%
12.	Quality of work?	21%	55%	24%
13.	Quantity of work?	18%	66%	16%
14.	Give pay raise?	24%	29%	47%
15.	Transfer to higher level?	39%	29%	32%
16.	Promote to more responsible job?	42%	31%	26%
Conformance				
1.	Follow company policies?	13%	58%	29%
2.	Accept supervisory direction?	11%	55%	34%
3.	Follow work rules?	18%	64%	18%
6.	Respect supervisory authority?	5%	58%	37%
7.	Work as team member?	18%	58%	26%
8.	Get along with supervisor?	5%	64%	31%
10.	Get along with co-workers?	11%	60%	29%
Personal Adjustment		**More**	**Average**	**Less**
18.	Become overexcited?	21%	47%	32%
19.	Become upset?	18%	50%	32%
22.	Seem bothered by something?	24%	42%	34%
23.	Complain about ailments?	16%	37%	47%
24.	Say "odd" things?	18%	42%	39%
25.	Seem to tire easily?	16%	66%	18%
27.	"Wander" when talking?	8%	48%	44%
Dependability				
17.	Come late for work?	5%	45%	50%
20.	Need disciplinary action?	8%	58%	34%
21.	Stay absent from work?	10%	38%	52%
26.	Not listen carefully?	16%	55%	29%

*All items are preceded by the phrase "Compared to others in his/her group, how well/how often does he/she..."

Employment-related Factors

Survey respondents replied to several questions dealing with considerations relevant to vocational success including

state of physical and emotional health, degree of support from family and friends, and level of participation in recreational activities. Physical and emotional health were first rated by each participant as excellent to poor followed by specification of related problems. After rating the level of encouragement from one's family in looking for or finding a job (a great deal to none), each respondent answered additional questions regarding what the family did that was helpful, what problems were encountered with the family, and what the family could have done to be more supportive. A similar series of questions as asked regarding neighbors and friends. Participants were also asked to estimate the number of hours per week spent in outdoor activities, hobbies and crafts, watching TV or listening to the radio, visiting friends, social activities, reading, going to school, and/or going to church.

Physical and Mental Health. Respondents characterized their physical health positively, i.e., excellent (17%), good (54%), fair (16%), and poor (12%). Problems listed covered a wide range of concerns from hand injuries to cardiovascular functioning. No single problem predominated. Rating of one's physical health was not correlated significantly with any of the other survey variables. It should be noted that severity of medical problems was cited as a significant employment barrier by those who were currently unemployed but seeking work.

State of emotional health was also rated positively, i.e., excellent (23%), good (56%), fair (17%), and poor (3%). As with physical health, mental health did not appear to be a barrier to employment for the group. Of the 15 specific problems mentioned, 40% fell into the category of depression and 20%, anxiety. Temper, delusions, nerves, and memory loss were also mentioned. The mental health ratings were not correlated with any other variables in the survey.

Family/friends support. Models of employment success usually include an area dealing with external support, i.e., the encouragement one receives in the job seeking process from family and friends. For the most part, the former clients in this sample described their families as helpful. Only 26% of the respondents said they had received no help from their families. The help families provided was categorized as "some" by 22%, "a lot" by 15%, and "a great deal" by 37%.

Although respondents did not provide much detail regarding the nature of family support, they did answer one question fairly completely, "In the help and support your family has given, what things have been most helpful in finding work?" Moral support was by far the most commonly cited type of help (49%). Financial help (17%), help in finding job leads (11%), and transportation help (11%) were also mentioned by several

persons. Other types of family assistance included child care (6%), help locating housing (3%), and teaching job related skills (3%). These results underscore the critical role the family plays in providing the emotional support and encouragement needed to persist in the job seeking process.

Although a positive correlation existed between rating family and neighbors as helpful ($r = .40$, $p < .005$), neighbors were described as of no help in the job search process by most of the participants (71%). Moreover, the view of neighbor helpfulness was only marginally related to two other opinions. Younger people tended to view their neighbors as more helpful ($r = -.26$, $p < .08$), and respondents who reported devoting more time to TV or radio also viewed neighbors as more helpful ($r = .27$, $p < .06$). It would appear that respondents need help in learning how to use friends as sources of job leads and recommendations.

Engagement in Nonwork Activities. Respondents were asked to estimate the number of hours each week that they typically engaged in seven nonwork activities. The seven activities were described as follows:

1. Outdoor activities such as fishing, hunting, bird watching, etc.
2. Hobbies and crafts, (e.g., coin collecting, sewing, model building,)
3. Watching T.V., listening to the radio
4. Visiting friends
5. Attending social activities such as playing cards, clubs, meetings, etc.
6. Reading books, magazines, or newspapers
7. Attending religious services or meetings

The distributions of time spent in the various activities are presented in Table 10. Not surprisingly, watching television and listening to the radio was the activity most often pursued, with outdoor recreation and visiting friends about equally popular, yet far behind TV/radio in overall time spent. Two other solitary activities, hobbies and reading, occupied some time of at least one-half of the sample in a typical week. Finally, the least time-consuming activities for the research sample were formal social activities and attendance at religious services.

There were no significant relationships between time spent in any of the seven nonwork activities and either one of the two global indices of employment, i.e., employment status at follow-up and proportion of time worked since case closure. The absence of relationships between time spent in the various nonwork activities and current working status is puzzling.

Table 10

Hours Spent in Seven Nonwork Activities (N=54)

Type of Activity	None	1-3	4-6	7-9	10+
Outdoor	35%	12%	12%	14%	27%
Hobbies	53%	12%	16%	2%	8%
TV/radio	4%	5%	4%	10%	77%*
Visiting	29%	36%	12%	9%	14%
Social	66%	19%	11%	4%	--
Reading	32%	30%	14%	12%	12%
Religious	43%	39%	18%	--	--

*10-19 (21%), 20-39 (35%), 40+ (21%)

Intuition suggests that persons who are not employed would spend their time in nonwork activities. Our interpretation of this finding is that the explanatory variable is individual energy level, i.e., handicapped persons who are productively working are just as likely to remain active in their nonworking hours as those who are not employed.

Further support for the finding of independence of these two life spheres--work and nonwork--is observed by the lack of relationships between extent of engagement in the nonwork activities and hours worked per week in the employed subsample. Interestingly, time spent watching TV and listening to the radio was inversely correlated with weekly salary ($r = -.32$, $p < .07$) for the working sample, while time spent visiting friends was positively correlated with weekly salary ($r = .35$, $p < .04$). For the nonworking subsample, time spent visiting friends was positively correlated with the respondent's continued efforts to find work ($r = .40$, $p < .05$), suggesting a positive effect of social facilitation upon job search activity.

The only correlation between gender and participation in the nonwork activities was for outdoor activities, with males spending more time fishing, hunting, etc. ($r = .34$, $p < .02$), and older former clients were more likely to spend time reading ($r = .26$, $p < .06$). Several additional variables were associated with nonwork activity patterns in this sample: job satisfaction was positively related to time spent with hobbies ($r = .30$, $p < .03$) and to time spent visiting friends ($r = .33$, $p < .02$); and time spent watching TV and listening to the radio was positively correlated with perceived family support ($r = .25$, $p < .08$), perceived intention of employers to hire han-

dicapped job applicants (r = .25, p <.07), and favorably judged support from neighbors (r = 27, p < .06).

However, time spent watching TV and listening to the radio was negatively correlated with employers' ratings of the respondents' dependability on the job (r = -.33, p <.05). Finally, time spent engaged in formal social activities was positively associated with employers' judgments of respondents' job performance (r = .31, p <.06).

Discussion

The research sample was comprised of young (age 31 or under for the most part) rehabilitation clients receiving services from one of three types of rehabilitation programs--comprehensive center (26%), field offices (33%), and sheltered workshops (40%). Most of the group had been closed as successfully rehabilitated, i.e., competitive employment (66%), sheltered employment (20%), and other employment categories (5%). The group's employment history creates the general impression of entry level positions requiring minimal vocational skills. As Dunn (1981) noted, this job history is characteristic of rehabilitation clients for two reasons. Entry level or secondary market positions are appropriate for the skill levels of some clients. Overrepresentation in the secondary labor market also results from employment barriers affecting disabled individuals.

Major categories of jobs held included sheltered workshop, custodial, business-related or clerical, and food services. The majority of the vocational objectives, occupations at closure, and occupations at follow-up were low skilled, entry level positions. For many of these positions, specific vocational training may be no more important than possession and use of general attributes of a good worker (Krantz, 1971; Rusch & Mithaug, 1980; Roessler & Bolton, 1983). Therefore, assessment and training focusing on basic requirements of the work role remain valuable functions of vocational rehabilitation.

Consistency in the job patterns of survey respondents was noted not only among types of jobs held--entry level/secondary market positions, but also between type of vocational training and type of work held at a later date. Training, therefore, increases the probability that an individual will work in that same area after closure. Hence, vocational training offered through rehabilitation services shapes the vocational future of an individual and may even provide the person with a slight advantage when seeking work.

The majority of respondents found their jobs either tolerable or desirable. Liking the job one held was related to how much money the job paid, underscoring the importance of extrinsic rewards in work for rehabilitation clients. Those individuals who enjoyed other aspects of life (hobbies and socializing) were also more likely to enjoy work, a finding consistent with the continuum of rehabilitation discussed by Stoddard (1977) and Trieschmann (1974) which views activities in the social and recreational area as precursors to vocational involvement.

Consistent with the previous findings on job satisfaction, few people left their jobs due to dissatisfaction. Instead, the most common reason for a change was being "laid off." Rehabilitation clients need help, therefore, in identifying jobs that have good long-term employment potential (Dunn, 1981). Given the employment instability of their clients, rehabilitation counselors must also monitor client employment status and provide post employment counseling and placement assistance to help those individuals regain employment (Shrey, 1980).

Results also suggest the need for greater employment seeking training for those people who are capable of learning job search skills. When individuals encounter job turnover, they must have the skills needed to find new jobs (NAIS Executive Summary, 1980). Many of these skills--writing resumes, contacting prospective employers, using occupational information resources, completing job applications, and participating in the job interview--can be taught in rehabilitation service settings (Gade & Toutges, 1983; Zadny & James, 1979). Moreover, long term support of employment seeking can be implemented if rehabilitation programs adopt such programs as the Job Club designed by Azrin and Besalel (1980). If a job club were available to ex-clients on an ongoing basis, they could reenroll in the job search phase of the program as needed. Unfortunately, such long term support for the employment seeking efforts of rehabilitation clients is not currently available in the field.

As Wesolowski (1980) reported, implementation of job clubs is expensive due to staffing needs and other considerations, e.g., meeting space, telephone expenses, and newspaper subscriptions. But the results support the utility of such programs for those who persist in the training. Other job search programs are available emphasizing more of a self-help approach but they do not have the impact of the job club format (Wesolowski, 1980).

Of course, the job club format is not appropriate for all rehabilitation clients. Rusch and Mithaug (1980) suggested a sound procedure to follow in assisting those needing more intensive placement assistance. They recommended providing clients who cannot read or write with an information card stating their name, address, and Social Security number. Rather than spend months learning how to complete application forms, these individuals should have assistance from a staff member, parent, or guardian in picking up and completing application forms in advance. Next, they need help in rehearsing a job interview with particular focus on learning how to reply in complete sentences to the most frequently asked questions, e.g., what is your name?, what type of work have you done in the past?, etc. The person should also be instructed in the proper techniques for asking appropriate

questions, e.g., when do I start?, what is the starting pay?, and what are the job benefits?

This investigation also dealt with problems encountered on the job by individuals who were employed at the time of their interview. As noted, few participants volunteered any job-related problems. About 30% of the respondents recognized the need to develop skills to identify, learn about, and obtain job advancement opportunities. Certainly these individuals would be receptive to a program designed to help them improve their job situation either by advancing on their current job or moving to a new job with more fringe benefits. Indeed, a program teaching clients to maximize their financial situation (wages and benefits), even if it requires moving from one entry level position to another, seems reasonable.

Training in job maintaining behavior would be appropriate for some clients. Approximately 20% of the respondents indicated problems in dealing with supervisors or co-workers. Skills in these areas have been emphasized in both employment assessment and intervention literature (Roessler & Bolton, 1983; Rusch & Mithaug, 1980). Improvement in relations with supervisors and co-workers would certainly contribute to the promotion potential of a number of rehabilitation clients.

Vocational rehabilitation services received a vote of confidence from 54% of the sample. Nevertheless, 46% did have some reservations regarding the help they received. Dissatisfaction with vocational rehabilitation services was unrelated to other survey questions which indicate that respondents did not perceive this variable as playing a significant role in affecting their vocational or life outcomes. For the most part, survey participants voiced concerns about the quality of vocational training services, the counselor's monitoring of those service programs, the lack of modern training equipment, and the need for more training in areas of high employment demand. These client criticisms are interesting in light of the fact that one group of rehabilitation counselors recently surveyed made few references to agency or counseling shortcomings as barriers to client employment (Zadny & James, 1979).

Another significant finding of this investigation deals with the variation one finds in a sample of unemployed rehabilitation clients from one time to another. Of those not working at the time of the follow-up, 61% had held a job sometime between agency closure and the follow-up interview. Hence, the composition of the unemployed group would have varied depending on the time of the sampling. Furthermore, the finding that many of the nonworking individuals were looking for work suggests a fairly high level of work motivation among rehabilitation clients, a result somewhat discrepant with some counselors' viewpoints (Zadny & James, 1979).

Of respondents who were not working at the time of the interview, the vast majority felt that there were too few job opportunities available, suggesting again the need for an ongoing job club. One of the strengths of the job club approach is its emphasis on the job search process, e.g., identifying job leads, following up on job leads, and keeping track of the results of calls on potential employers.

Job opportunities can also be increased through job development efforts by rehabilitation counselors. According to research conducted by Zadny and James (1979), the number of employer contacts by counselors is positively correlated with the number of handicapped persons hired. These contacts should emphasize:

1. The counselor's role in helping employers meet their affirmative action obligation to hire individuals with handicaps (Cates, 1981).
2. Identification of jobs which rehabilitation clients have the skills to do (Walls, 1983; Zadny, 1980).
3. The willingness of agency representatives to learn about the company and to screen and follow-up on referrals (Zadny, 1980; Zadny & James, 1979).

Employer contacts also help the rehabilitation counselor stay informed regarding employment demand, another factor essential in helping clients find jobs (Zadny, 1980). Finally, a recent study suggested that informational contacts with employers during the hiring process are also important. Employers want general information about disabilities (functional assets and limitations) as well as specific data regarding the effects of the disability as it relates to the job. "The employers stated that they preferred this information in the form of a written report" (after interviewing but before hiring an applicant) (Cole & Bragman, 1983, p. 39). This information should be prepared for a specific client who has a specific job in mind. Generic pamphlets on disability are of little value in this context.

Following placement of the individual, rehabilitation counselors should provide follow-up services (Bowe & Rochlin, 1984). The purpose of these services is to support the employee in the initial phases of work, assist in resolving any problems outside of the worksite which could negatively affect the individual's performance, and identify and remedy any problems occurring on the job. By participating in follow-up, counselors can also identify the factors affecting the outcome of their employability and vocational training efforts.

Another significant factor affecting employment outcome is the person's expectations regarding employer hiring attitudes and behaviors. Evidence in this study indicated that several

participants held negative perceptions regarding employer attitudes. For example, 57% of those questioned indicated that they believed employers had negative attitudes about hiring disabled individuals. Nearly two thirds felt that employers were less likely to hire disabled persons than non-disabled persons. Interestingly, this perception was more characteristic of those who had less work experience, i.e., those who were less likely to be employed at follow-up and those who had worked less time between closure and follow-up. Though a reality base exists for this perception, it may also be that those with negative expectations are less likely to make the effort required to secure employment. In fact, Goodwin (1972) found that negative expectations regarding employer attitudes on the part of disabled job seekers are a powerful barrier to employment. Specifically, those job trainees who expected to encounter employer prejudice were less likely to secure employment.

Although usually identified through interviews with employers (Reagles, 1981), reasons cited by clients for these negative expectations are familiar, e.g., productivity shortcomings, lack of social acceptance, second injury and insurance considerations, and training expense. These concerns underscore the importance of job development efforts directed at changing employer attitudes regarding the capabilities of handicapped persons as well as counseling strategies focusing on changing client expectations (Brenes, Jones, & McFarlane, 1975; NAIS Executive Summary, 1980). As suggested in several of the job seeking training programs, disabled persons must also learn how to respond positively and convincingly to these employer concerns when they encounter them in the job search process, particularly in job interviews (Tesolowski, 1979; Volkli, Eichman, & Shervey, 1982).

It is significant that many survey respondents identified productivity as the chief concern of employers. The lack of competitive, marketable skills was cited as one of the biggest barriers to employment of handicapped persons in a recent survey of American businesses (Ruffner, 1981). Obviously, employers must be convinced that rehabilitation counselors are creditable sources of qualified job applicants (Brenes, et al., 1975). Zadny (1980, p. 168) found that firms are prepared "to hire disabled workers only to the extent that they were at least as qualified as other applicants."

At the same time, employer prejudice remains a barrier even if handicapped individuals possess the skills required to do a particular job (Walls, 1983). For example, individuals with sensory disabilities are often seen in terms of exaggerated limitations rather than in terms of their existing capabilities (NAIS Executive Summary, 1980; Franklin & Rubin, 1976). Similarly, the spinal cord injured person encounters significant bias as a result of employers assuming that an

obvious mobility limitation has negatively affected other capabilities of the person (Chin, 1975).

Hence, the best approach with employers is to demonstrate concretely why it is "good business" to hire handicapped persons. Although Williams (1972) doubted that hard evidence existed for that proposition, one could cite the positive experiences of companies such as Dow and DuPont. For maximum success in placement, counselors should refer a job-ready person as well as help deal with any problems that the individual has in adapting to the work environment (Brenes, et al., 1975; NAIS Executive Summary, 1980; Zadny, 1980).

Individuals who are ready for work are certainly available to rehabilitation counselors. The majority of former clients in this investigation were rated by employers as average or better in comparison to the work force in general on the dimensions of performance, conformance, personal adjustment, and dependability. These data also make a strong case for the rehabilitation professional who is involved in job development activities to present to prospective employers. Indeed, by combining these results with those of the DuPont report (1982), the job developer can create a very convincing argument for hiring people with disabilities.

On the other hand, there are some areas needing attention. Many rehabilitation clients (39%-42%) were rated as below average on performance dimensions such as "transfer to higher level" and "promote to a more responsible job." Those who advocate the need for rehabilitation services to address career development and advancement skills are certainly supported by the employer perceptions recorded in this study (Vandergoot & Worrall, 1982). Promising interventions to deal with these issues should focus on development of job maintaining skills (Mathews, Whang, & Fawcett, 1983), career exploration and planning skills, and interpersonal and managerial skills (Holland, 1976). All of these career advancement skills expand the usual focus of vocational rehabilitation services from preparing persons for entry level positions to preparing persons for a career. The objective of such training should be to give the individual those problem solving, communication, managerial, and planning skills that enable one to move up the career ladder.

Employment outcomes are affected not only by person factors such as expectations but also by environmental factors such a support of family and friends. Families of respondents in this survey were viewed as helpful to the participants' efforts to find work. This positive perception suggests the need to involve families even more by providing concrete suggestions as to how they can support the person's job seeking, e.g., Azrin and Besalel (1980) viewed family support as essential to the success of the job club program.

Possibly, a family oriented training program is needed--one that describes vocational rehabilitation, its objectives, and the ways the family can support the client in the VR process (Kneipp & Bender, 1981). Particular emphasis should be placed on the contributions families can make by helping to (a) counter negative expectations on the client's part, (b) identify job openings, (c) transport the client to job interviews, and (d) maintain the person's morale in the face of the inevitable rejections involved in seeking a job (Dimsdale, 1981).

Finally, survey data indicate that neighbors are not viewed as helpful in the job search. Rehabilitation counselors should emphasize the importance of viewing friends and acquaintances as resources for job leads and letters of recommendation (Dunn, 1981; Zadny & James, 1978). Because evidence suggests the importance of informal contacts in securing employment, rehabilitation clients are overlooking an excellent resource if they do not cultivate their freinds in this regard.

Conclusions and Recommendations

1. Conclusion: Most of the former clients had a work history of entry level positions in areas requiring minimum job skills.

Recommendation 1: Identify expanding job markets or high turnover, hard-to-fill entry level positions.
Recommendation 2: Prepare clients to fulfill the "work role". Assessment and intervention programs aimed at identifying deficits and building skills in employability are necessary components of vocational rehabilitation services.
Recommendation 3: Provision and evaluation of vocational training services are still important functions of the rehabilitation counselor.

2. Conclusion: Extrinsic rewards are important in determining the extent to which rehabilitation clients are satisfied with their work.

Recommendation 4: Rehabilitation counselors should help clients understand and maximize the various types of extrinsic rewards available from work (wages, working conditions, and fringe benefits). Moreover, counselors should stress the importance of comparing jobs across all dimensions of extrinsic rewards so that the results of the comparison can be considered in the vocational choice process.

3. Conclusion: Job satisfaction was positively related to enjoying other aspects of one's life such as hobbies and socializing.

Recommendation 5: Rehabilitation counselors should, therefore, not view client needs only in terms of job acquisition, but in context with other considerations such as recreation and social relationships. Though job satisfaction may result in satisfaction in other areas of life, it is also possible that work is more enjoyable when there are other sources of life satisfaction.

4. Conclusion: Several of the former clients had reservations about the help they received from vocational rehabilitation in getting a job.

Recommendation 6: Counselors should determine their role in the placement process with each client (teach job seeking skills, intervene directly wth the employer, etc.) and discuss that determination with the client as soon as possible.
Recommendation 7: More thorough monitoring and evaluation of vocational training vendors coupled with feedback from

the client may be necessary to eliminate ineffective training programs.

Recommendation 8: Job development surveys should be conducted on a regular basis to determine where the jobs exist in a local community and what the employers are willing to do to train new employees.

Recommendation 9: Counselor contacts with industry are an important employment-enhancement activity. Rehabilitation personnel might contact employers simply to become familiar with the firm's work. They might also make contacts to assure the personnel manager that rehabilitation clients will be carefully screened before being referred for employment. Finally, contacts with the employer might focus on monitoring client performance to determine whether clients are meeting competitive work standards.

Recommendation 10: More extensive follow-up regarding the long-term employment status of clients (post employment services) is needed. Part of this service should be placement oriented, (i.e., helping the laid-off client get back to work) and part job seeking skills oriented, (i.e., helping the person resume participation in a job club program so that he/she could find a new job independent of counselor intervention). Field and facility programs should consider implementing an ongoing job club or purchasing such services from another agency.

5. Conclusion: Rehabilitation clients have negative expectations regarding the attitudes of employers and the likelihood that employers will hire disabled persons.

Recommendation 11: Rehabilitation counselors should prepare clients to answer common employer questions pertaining to hiring individuals with disabilities.

Recommendation 12: Vocational counseling strategies to help people explore their employment expectations are needed. Specific reasons for the client's pessimistic outlook (employer prejudice, supervisory discrimination) should be identified and discussed.

Recommendation 13: Clients needing minimal direct placement assistance from the counselor should be taught job search skills and the skills needed to positively address employer resistance. Helping clients anticipate job search problems and develop coping responses for those problems (learning how to complete a job application, answering questions regarding one's disability or gaps in one's job history, etc.) could do much to build their confidence.

Recommendation 14: Counselors need concrete placement strategies to help individuals for whom the job club approach is inappropriate. Instructing parents or guardians to obtain and complete job applications is one step. Another essential step is helping individuals learn what questions to ask in a job interview and how to answer questions commonly asked in a job interview.

6. Conclusion: The traditional employer attitudinal barriers to employment of handicapped persons are still perceived by rehabilitation clients as salient concerns.

Recommendation 15: Counselors need convincing "facts and figures" to use in job development activities. They need to share these figures with clients to bolster their self-esteem as workers. Also, counselors must have the ability to selectively place clients in jobs they are suited for and to communicate clearly with employers about disability-related limitations and needed accommodations. Counselors should be able to inform employers why a recent Department of Labor survey concluded, "Accommodations are no big deal" (Mainstream, 1982).

7. Conclusion: Family support is an important contributor to a client's job seeking efforts.

Recommendation 16: Counselors should involve the family in discussing the client's job seeking plans. The family's cooperation should be encouraged, particularly in regard to specific ways they can help, e.g., moral support, financial support, transportation, job leads, and job training.

Recommendation 17: Training programs that orient families to VR processes and objectives, and to the family's role in the job seeking process should be developed. A training package describing how to conduct job seeking support sessions with families, coupled with other informational material, is needed.

8. Conclusion: Clients rated neighbors, friends, and acquaintances of little or no help in the job seeking process.

Recommendation 18: Counselors should emphasize the importance of the informal network, i.e., friends and neighbors, in finding a job. These individuals represent a valuable source of job leads for the client.

9. Conclusion: When compared to the average worker, rehabilitation clients fare well in terms of employer ratings.

Recommendation 19: Rehabilitation counselors should promote the positive work attributes--performance, conformance, personal adjustment, and dependability--of rehabilitation clients. Data from this investigation should be included in job development campaigns.

10. Conclusion: Rehabilitation clients receive somewhat lower employer ratings in the areas of "promotability" and "transferability."

Recommendation 20: Assessment research is needed to identify the specific reasons for these lower ratings.

Identification may be accomplished by using work situation simulations as well as self-report and role play techniques. Skill training interventions should be developed to help clients overcome deficits which may exist.

Recommendation 21: Rehabilitation services should devote more time to career development concerns of clients. Ongoing counseling and follow-along services are needed to help clients advance on present jobs or to identify other jobs that would enhance their employment status.

Recommendation 22: Develop interventions that focus on building certain transferable skills that would improve the person's career development potential. Skills falling into the broad area of interpersonal competence have been mentioned in this regard, e.g., communication, problem-solving, decision-making, planning, and time management skills.

11. Conclusion: Some working clients report difficulties in finding out about career opportunities, knowing how to get raises and bonuses, and dealing with supervisors and co-workers.

Recommendation 23: Developmental efforts are needed to implement and evaluate specific employability skill training strategies. Although interventions exist to assess and improve skills in these areas, they have not had wide enough application in vocational rehabilitation.

12. Conclusion: The majority of rehabilitation clients state that they want to work and are looking for work.

Recommendation 24: Improvement in job development, vocational counseling, and employability skill training interventions would increase the probability that people receiving VR services would achieve their vocational aspirations. The previous suggestion about an ongoing job club in rehabilitation facilities and field offices also pertains to this conclusion.

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Appendix
Interview Guide
Survey Items Coded

1. Are you presently working?
   If YES, continue questions 2-8.
   If NO, go to question 9.

2. What is your job?

3. How many hours a week do you work?

4. What is your weekly pay?

5. Have you had any other jobs since completing rehabilitation services (or workshop training)?
   a. Why did you stop working there? (Specifics)

6. In the job you have now, do you have any problems:
   a. Getting all your work done, or doing all the work that is expected of you?
   b. Doing what your employer or supervisors expect of you?
   c. Following company rules and policies?
   d. Being on time?
   e. Wearing the right kinds of work clothes (dressed appropriately)?
   f. Being good at your job?
   g. Working with co-workers?
   h. Working with supervisors?
   i. Knowing what to do to get raises, bonuses, or job promotions?
      (Knowing how to get ahead on the job).
   j. Finding out about job promotions or better jobs?

7. Did you receive vocational training from rehabilitation services?
   a. What kind of training did you have?
   b. Do you use the training on your job?

8. Do you think vocational rehabilitation (or rehabilitation) services were helpful in getting your job(s)?
   If respondent is not currently working, administer questions 9-15.

9. Did you receive vocational training from rehabilitation services?
   a. What kind of training did you have?
   b. Have you been working since you completed vocational training?
   c. If yes, obtain job locations, titles, descriptions, and dates.
   d. Why did you stop working there?
   e. Did you use the training in your job(s)?

10. Are you looking for work now?

11. Do you have enough training, skill, or work experience to find and hold a job?

12. Are there enough jobs in this area?

13. Are there any medical problems that keep you from working?

14. Do you have any transportation problems?

15. Are you in a school or training program now?

16. How is your physical health (in general)?
    Excellent ___
    Good ___
    Fair ___
    Poor ___

17. How do you feel emotionally (in general)?
    Excellent ___
    Good ___
    Fair ___
    Poor ___

18. How helpful were vocational rehabilitation (or rehabilitation) services in training you for a job (or homemaking skills)?
    Very helpful ___
    Somewhat helpful ___
    Not helpful ___

19. Do you think your job skills have improved because of vocational rehabilitation (or rehabilitation) services?

20. Do you think your job skills have improved since leaving vocational rehabilitation services?

21. At this time next year, do you think you'll be:
    a) Employed full-time?
    b) Employed part-time?
    c) Self-employed?
    d) Training or schooling?
    e) Unemployed?

22. Do you get money from any public agency?

23. About how many hours a week do you spend in:
    a. Outdoor activities (e.g., fishing, hunting, jogging, birdwatching, hiking, sports)?
    b. Hobbies and crafts (e.g., coin collecting, sewing, model building, carpentry)?
    c. Watching TV, and/or listening to the radio?

d. Visiting friends?
e. Social activities or group activities (e.g., bowling, playing cards, going to meetings or clubs like the YMCA, PTA, or a lodge, etc.)?

24. How much encouragement and help have you had from your family in looking for and finding a job?
A great deal ___
Quite a lot ___
Some ___
None ___

25. How do (did) you like your job?

26. How do you think most employers feel about hiring handicapped people?

27. Do you think employers are as likely to hire handicapped people as non-handicapped people?

28. How can employers be more helpful to handicapped people?

29. Have any of your neighbors or friends been especially helpful to you in looking for a job?

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